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CONFIRMATION NO. 4536

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/677,962	<b>FILING OR 371(c) DATE</b> 10/03/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 068351.0110
<b>APPLICANTS</b> Mark B. Lyles, San Antonio, TX; Charles A. McLaughlin, San Antonio, TX; Glenn A. Halff, San Antonio, TX; William A. Mallow, Helotes, TX;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/170,574 10/13/1998 PAT 6,340,360				
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA PCT/US94/07581 07/01/1994				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/07/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 31625				
<b>TITLE</b> Porous drug delivery system				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	